OTOLOGY.

UNDER THE CHARGE OF

CHARLES H. BURNETT, M.D.,
AURAL SURGEON, PRESBYTERIAN HOSPITAL, ETC., PHILADELPHIA.

NEW ANTISEPTIC ARTIFICIAL TYMPANIC MEMBRANE.

A new artificial membrana tympani, devised by DR. JOHN WARD COUSINS, of London, is thus described in the *Lancet*, September 14, 1889:

"In shape it is exactly like a hat with a very high and tapering crown and a broad and flat brim, having a short ribbon attached to the edge. It is just firm enough in substance to retain its shape in the ear, and yet the material is so soft and flexible that it causes no sensation by its presence. It is stained a delicate flesh color, and is made in several sizes. When in position the crown rests near the tympanic membrane, the brim upon the wall of the meatus, and the little ribbon or handle behind the tragus. The material of which it is made is composed of compressed cotton fibre, swollen by prolonged immersion, and saturated in an antiseptic oil and ether. The soft material is then firmly compressed in a little machine designed for the purpose, and afterward dried by artificial heat. The instrument is very light, ranging from one-sixth to one-quarter of a grain in weight. It is inserted by means of a special probe, and is extracted by traction on the above-named ribbon or handle." This artificial membrane is also considered by its inventor as a protector and local antiseptic remedy. We are not given any facts as to whether or not this instrument improves the hearing.

OTOLOGY DURING THE PAST YEAR (1888).

This is the title of a long bibliographical article by SIGISMUND SZENES, of Budapest, which is published in the *Deutsche medicinische Wochenschrift*, September 12th of this year.

The most important articles mentioned by him have been noticed in this journal as they have appeared. Nearly all are from German sources; the few from English and American sources would seem to indicate great ignorance of what has been done in otology in these two countries within the last year. We would note what is said of an article by Gruber, of Vienna, in the *Monatsschrift f. Ohrenheilkunde*, No. 9, 1888, on foreign bodies in the ear. He reports two cases—one of a ball of cotton, and the other of a piece of garlic which had been placed in the ear—which had been improperly treated. In the first case, the physician who was first called on for treatment endeavored to remove the foreign substance with instruments, and was so rough in his manipulations as to set up an otorrhœa which lasted two months. In the second case, a permanent inflammation was excited in the auditory canal and in the drum-cavity, and finally symptoms of periostitis in the mastoid process. Such cases are coming constantly under the aurist's notice, simply because the general practitioner forgets that he should syringe foreign bodies from the ear, and not grapple after them with instruments he cannot manage in a territory he is unacquainted with. Furthermore, it is not absolutely necessary that foreign bodies in the ear should be removed if they excite no unpleasant symptoms.

Among other diseases of the external ear may be named *othæmatoma*. Arndt (*Internat. klin. Rundschau*, No. 44, 1888) maintains that othæmatoma occurs when the reticular cartilage of the auricle is changed into hyaline cartilage, which can ensue locally or come about from some general systemic disease. As othæmatoma rarely heals without deformity (shrivelling) Arndt advises that it be treated by a protective dressing or bandage, so that the auricle is irritated as little as possible. After absorption of the extravasation of blood has occurred, the ear will maintain a good form. If the othæmatoma spontaneously bursts or is emptied by an incision, shrinking and puckering of the auricle will occur, and even true bone may form in the connective tissue.

THE TAMPON AS A DRESSING IN SUPPURATIVE DISEASES OF THE MIDDLE EAR.

DR. M. D. JONES, of St. Louis, Mo., has recently contributed an article on this subject in the *St. Louis Polyclinic*, August, 1889. The writer first considers the plan of antiseptic tamponading the ear as devised by Lœwe, of Berlin: "First syringe the ear carefully with a solution of creolin, carbolic or boric acid, then by means of cotton and inflation free the tympanum as far as possible from all moisture, and finally use the packing." Dr. Jones uses the packing not altogether for its aseptic properties, but largely for its drainage qualities as "the surgeon uses the drainage tube, since, when properly inserted, a tampon of absorbent cotton, by its capillary action, keeps the tympanum free from matter." Furthermore, compression is known to be a valuable aid in treating inflammation, and here the tampon acts well. The tampon as applied by Jones "is made by using small bits of cotton, and with the aid of the mirror, speculum, and probe, these are gently pressed into position, and a compact mass is formed, which supports uniformly the whole of the membrana tympani and walls of the meatus." This must be kept dry, should be removed daily, the ear cleansed, inflated, and a fresh plug inserted. Then inflation is advised again in order to bring the membrana evenly against the tampon to assist drainage. The tampon must not be too tight as it becomes painful; if too loose, it does not act as a drainer, but keeps the pus pent up and renders no support to the inflamed parts.

THE ETIOLOGY AND TREATMENT OF CHRONIC SUPPURATIVE CATARRH OF THE EAR.

This is the title of a very valuable and interesting paper by DR. H. MACNAUGHTON JONES, in the *Lancet* for July 27 and August 3, 1889. The chief aim of the article is to call attention to the prevention of those frequent evidences of either ignorance or neglect in ear diseases rather than "to the hopeless endeavors to redeem lost time in restoring a shattered sense or rescuing a life that is doomed." The writer then reviews "the present position of otology both as regards ear-ferments and bacteria," and he then draws attention to the suitability of the ear-passages and cavities for the origin and completion of fermentative processes. There are found in the sinuosities of the various portions of the ear many of the conditions favorable to "life without air," as Pasteur defines fermentation.

A table is given of the causes of chronic suppurative discharges from the external and middle ear. From these tables "we perceive that, with few exceptions, we are confronted with conditions or diseased states that either owe their existence to, or are associated with, special microbes." Gout, indirectly by its tendency to produce a dermal swelling and a pasty secretion in the auditory canal, and eczema very rarely induce suppurative catarrh of the ear. "Sea-bathing is an undoubted source of chronic suppurative catarrh, a result, however, rather more frequently found in those who are fond of diving."

The practitioner must guard against accidental or "deliberate" introduction of the germs into the auditory bloodvessels or lymph-channels, by avoiding the use of oily substances in the external canal, or the introduction of dirty specula, undisinfected Eustachian catheters, bougies, etc. We must also avoid the use of cotton plugs in the ear, as they are heat-producing and moisture-absorbing, and act as "incubating pellets for broods of embryonic germs."

From the etiology of this affection, the prophylaxis should consist in preventing, if possible, the entrance into the blood of the aural structures, of the *materies morbi* of tubercle, syphilis, fevers, diphtheria, and erysipelas. This can be accomplished by therapeutic measures to control the action of the morbid elements in the blood and lymph.

In the second class, the local, we have to control locally the extension of the pathological processes, and the entrance of pathogenic germs into the middle ear, taking measures to destroy them and prevent their invading the underlying tissues. The writer most justly maintains that aural complications can be largely prevented in scarlet fever and diphtheria and other infectious throat diseases, by "early antiseptic treatment of the nasal passages and the nasopharyngeal region, not to speak of direct measures, such as paracentesis of the membrana tympani, when indicated." The treatment of adenoid growths in the nasopharynx, and local remedies for the ear, new growths in suppurations of the ear, and the so-called dry treatment by boric acid, are duly considered. The author avoids all drops in the ears in his practice, relying upon the dry form of treatment.